

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1									
2		1								
3		1								
4	1									
5		1								
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47										
48										
49										
50										
TOTAL IND.	2									
TOTAL DEP.	39									
TOTAL CLAIMS	41									